To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. Gary McKinley	Hary Mr King	Street: 5251 Lacy Bd City: Fit < h by 19 Zip: 537/1	Utiliage Fitch burg	// /24/20// (Month) (Day) (Year)	Email Phone	
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(Circulator's Residence - Street name and Number) (Circulator Municipality) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Art

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	onstitution and S.9.10 of the Wisconsin St G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE M	UNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.	PO Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) DATE OF SIGNING	G CO.
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(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Year)

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PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Indicate Town, City, or Village)	CONT
1. CANCY KUCHN = Street: 2716 Valley St Pown Village Cross Plains 12/142014 Phon City: Cross Plains 210: 53528 City Cross Plains 12/142014 Phon	(1008)2
Richard Phillips Rechard Phillips City: Verova, WI Zip: 53593 Town 12/12/20/11 Phon	(kon) 8
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ROBERT VIR WIG , (certify): I reside at 2361 EV LACIA 5T VILCA6E OF CROSS PCDIO (Name of Circulator) , (certify): I reside at 2361 EV LACIA 5T VILCA6E OF CROSS PCDIO (Circulator Municipality)	rculators, pleas

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Nm. B. Furbish (Name of Circustonally circulated this recall petition and personally observed with full knowledge of its content on the date indi	elator), (c	n of Circulator ertify): I reside at	dar Tráj) dence – Street name and Numbe district represented by the officehol	der named in this petition. I know t	that each person signed	Circulators,
$\frac{1}{\text{(Month)}} / \frac{18}{\text{(Day)}} / \frac{2011}{\text{(Year)}}$	Non B. h	(Signature of Circulator)		Page No. (Official Use Only) 054	

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC	
1. MARK G. BRUNNER	MGB	Street: 7397 W. Mineral Pat. Rd. City: Verona WI Zip: 53593	□ City	/ / 8/20 <u>12</u> (Month) (Day) (Year)	(abs)	
MARK G. BRUNNER 2. Nathaniel Hope	tathonal Hope	Street: 6401 Offshore PT. Apt 210 City: Mad 1507 zip: 53705	Dillage A Mad 507	1/8/20 <u>12</u> (Month) (Day) (Year)	()	
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(Circulator's Residence - Street name and Number) (Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this peper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

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Jeff Alman	J.bl C.	Street: 119 N blair City: Madison Zip: 53763	Town Village Madison	1 /10/20 <u>12</u> (Month) (Day) (Year)	Phone (608
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David Gilbert - Pe	derso.	certify): I reside at (Circulator's Residence – Street name of	. (44)	Municipality)	Circulator
nally circulated this recall petition and personally of	obtained each of the signatures on this paper. I know to indicated opposite his of her name. I know their respec	that the signers are electors of the jurisdiction or district represented by tive residences given. I support this recall petition. I am aware that falsing	he officeholder named in this petition. I know ying this certification is punishable under S.12	that each person signed	Phone Email

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1. Charles Dunning	Charl Dummy	Street: 5010 Tomahawk Trail Chy: Madison zip: 53705	Town Village City Madison	01 /02/20 <u>12</u> (Month) (Day) (Year)	Phone ()		
DEAN BELVER	Dean Becker	Street: 3821 country Brove Dr. City: madison int zip: 53719	City MADISON	0//02/20 <u>12</u> (Month) (Day) (Year)	(68x) 27		
3. Kathleen Radzanowsk	$A \cap A \cap$	Street: 2107 Carver Street City: Madison WI zip: 537/3	WTown Village City MAdiSon	01/03/2012 (Month) (Day) (Year)	(608) 25		
4. Stephanie Myers		Street: 77 5. Oakbridge C+ #101 City: Madison, WI 53172ip: 53717	Town Village MA ASM	6 1 /64/20 <u>12</u> (Month) (Day) (Year)	Phone ((208) \$		
JOSEPH MYERS	- mark W.	Street: 77 S OAKBRIDGE CT # 101 City: MADISON Zip: 53717	Town Village MADLSON	01/04/2012 (Month) (Day) (Year)	(608) 8		
Tosha Songolo	Tosha Songeto	street: 310 Oldfield Rd. City: Madison zip: 53717	Town Village Madison	0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email + Songol Phone ()		
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David Gibert-Pederson Certification of Circulator Certification of Circulator Certify: I reside at 367 E Lake Sick City of Som Circ							

I, _ (Name of Circulator) (Circulator Municipality) (Circulator's Residence - Street name and Number) Phone I personally circulated this recall petition and personally obtained each of the sign turge a this paper. I know that the figners are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his o registre. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email (Signature of Circulator) (Month) (Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Cor	nstitution and S.9.10 of the Wisconsin Statu	ectors of the State of Wisconsin petition for the recall outes.			Comn PO Bo
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1.		Street: 122 E GRANT ST.	☐ Town ☐ Village	1/8/20/2	Email
CHARLES R SCUMIDT	CR SC T	City: Lake Mills Zip: 53551	ACity LAKE Mills	(Month) (Day) (Year)	Phone ()
LARRY PETERSON	Large Petaron	Street: 940 GLADSTONE WAY	Town Village UKE MILLS	1/8/2012	Phone
	Larry Leterson	CHY: LAKE MILLS Zip: 53551	Z-City	(Month) (Day) (Year)	Email ()
3.	10 18-01	Street: 933 STONY BD	☐ Town ☐ Village	1/8/2012	
JOHN A. SANFT	Johnstanft	City: LAKE MILLS WI Zip: 53551	ACity LAKE MILLS	(Month) (Day) (Year)	Phone ()
4.		Street 237 SOUTHVIEW RC	Town Village	1 / 9/2012	Email
KONALD MOG	RE Konald G. moor	City: OREGON Zip: WI	City DANN	(Month) (Day) (Year)	Phone ()
5.		Street: 4667 HX	□ Town □ Village	1 /0 /20 22	Email
DAURO BAVOR	EN Franzo Claroce	city: Ob 5000 WI Zip: 53575	City Dann	(Month) (Day) (Year)	Phone ()
6.		Street: 4711 CT HWYB	Town □ Village	1/9/2012	Email
larly Snider		City: Overon, WI zip: 53575	City DVNN	(Month) (Day) (Year)	Phone ()
ROBERT FRANK		Street: W 10438 HY CC	TXTown ☐ Village	1/10/20/2	Email
ROBERTA	(X ofer Think	City: Reaver Adm zip: 53914	City WESTFORD	(Month) (Day) (Year)	Phone ()
8. TM C N	1110	Street: 713 Fairfield CC	☐ Town Village 7	1/10/2012	Email
Jelf Soloule	Massir	City: Beaver Dam Zip: 539/6	acity Deaver Jan	(Month) (Day) (Year)	Phone ()
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1. Madrate RIVE		street: 160 S. MAIN STE	Town	1/12/2012	Email
Cifrigues No.	The state of the s	City: OLEGON W! Zip. 53515	City	(Month) (Day) (Year)	Phone ()
CHASOPHER BLUE (2. IV 15 Cooley		street 4488 Old Stages	Village City Rutland	1/14/2012	Email
IVIS Coolex	Iris Cooley	city: Oregon zip:	ocity Rutland	(Month) (Day) (Year)	Phone ()
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(Name of Circu	lator)	rtify): I reside at (Circulator's Residence - Street name of	and Number) (Circulator	Municipality)	Circulators, please Phone
ersonally circulated this recall petition and personally obt paper with full knowledge of its content on the date indi-	tained each of the signatures on this paper. I know the cated opposite his or her name. I know their respective	at the signers are electors of the jurisdiction or district represented by we residences givenn support this recall petition. I am aware that falsi	the officeholder named in this petition. I know the ifying this certification is punishable under S.12	hat each person signed .13(3)(a), Wis. Stats.	Email •
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Lavon J. ACE	Fron f. ace	Street: 160 5, MA/N 27 City: DREC-ON Zip: 53:525	□ Town □ Willage U KECON □ City	//2/20/ <u>2</u> (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone (
3.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
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DA . TI	Certification		17		<u> </u>

	City:	Zip:	☐ City	(Month) (Day) (Year)
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	City:	Zip:	☐ City	(Month) (Day) (Year)
01	Certification of Circulato	r	7/ /	
1. Patricia Fleming		327 Soden Dr	Village of	Oregon
(Name of Cirou	ator)	(Circulator's Residence – Street name and	i Number) (Circulatior I	wunicipa yi y)
I personally circulated this recall petition and personally obt the paper with full knowledge of its content on the date indi-	nined each of the signatures on this paper. I know that the signers are elect ated opposite his or her name. I know their respective residences given. I	ors of the jurisdiction or district represented by the support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12.	.13(3)(a), Wis. Stats.
1 12 120/6	Tahicia Fleming		Page No. 10	MaGs (Poly)
(Month) (Day) (Year)	(Signature of C	Circulator)	#	1000
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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

article XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Statu	ites.			P
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	IY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	N
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I. John H. Sundby	John John	Street: 3811 Hawk Lane City: Oregon Wi zip: 53575	☑ Town □ Village □ City	OI /08/2012 (Month) (Day) (Year)	Email Phone (608
2. La Voine Schneeberger 3.	La Vonne Schneeberger	city: Oregon Wi zip: 53575 Street: 1682 Sand Hüll Rd City: Oregon WI zip: 53575	☑ Town Du W N ☐ Village ☐ City	01 /69/20_/2 (Month) (Day) (Year)	Phone (608
JAN S: 16 Augh	PatricaBerman	Street: 45+8 Rutland Burn City: Orlgon Wi zip: 53575	Matown PuNN □ Village □ City	/ /08/20/27 (Month) (Day) (Year)	Email Phone
Jan Silbaugh	Jan Silbaugh	Street: 4155 Tyler St. City: Oregon W7 zip: 53575	Town Village City City City	/ /08/2013 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
Barbara Feer	Certification (certification)	of Circulator ify): I reside at 460 Windmill 2	d Brookle	Rutland \ ym W1 5 Municipality)	3521
(Name of Circu		(Circulator's Residence – Street name and	d Number) (Circulator I)	Municipality)	Circulators, Phone

I, David Centification of Circulator

(Name of Circulator)

(Name of Circulator)

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her have. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

(Month) (Day)

(Signature of Circulator)

(Signature of Circulator)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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Russell J.	MAN	Street: 45/ Butternut Or	□ Town Stvillage Oregon □ City	11/24/2011
Hermus	or eo a	city: Oregon zip: 53575	L City	(Month) (Day) (Year)
David A.	Dan todant alice & Hermus	Street: 6818 East Pass #213	Town Village Madison	11 /24 /2011 (Month) (Day) (Year)
Liddicoat ALICE Q	20 11:1	City: Madison Zip: 53719 Y25KENNEDYAVE Street:	<u> </u>	1.6 /0 /
HERMUS	alice & Hermus	Street: City: KIMBERLY, WI zip 54136	Town Willage KIMBERLY City	/2/8/2011 (Month) (Day) (Year)
NETTIOS		CHY! / / / DE IX E 4,00. ZIPO 7 / 36	□ Town	
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· · · · · · · · · · · · · · · · · · ·		City: Zip:		(Izar)
usan Shedivy	Certification	of Circulator ify: I reside at 220 N, Main St.	Willand	Oregon
USAN JNEUTVY (Name of Circ		ify): I reside at (Circulator's Residence – Street name ar	nd Number) U(Circulator	

					City:	Zip:	LI CRy	(Month) (Day) (Yes	r)
	10.				Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Yes	
				Certification	of Circulator		11.		-
I, _	Susan	Shedivy	la,	, (cert	tify): I reside at	20 N. Main St.	Villa	ae of Oregor	2
		(Name of Circul	ator)			(Circulator's Residence – Street name (((Circulator Municipality)	
I pe the	ersonally circulated this paper with full knowled	recall petition and personally obta	ined each of the signatures of ated opposite his or her have	n this paper. I know that I know their respective	the signers are electors residences given. I sup	of the jurisdiction or district represented by oport this recall petition. I am aware that falsi	the officeholder named in this particular this particular this certification is punish	petition. I know that each person sign hable under S.12.13(3)(a), Wis. Stats.	∍d
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	(Month)	(Day) (Year)			(Signature of Office	outator)	i	#	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jeffrey Eno	2890	Street: 2370 Rakterse Lane City: Belost WI zip: 53511	Town Delai	[/29/2011 (Month) (Day) (Year)	Email Phone
2. Lauren Andersen	Lauren angersen	street: 5a4 Ridge St., City Stoughton, WI zip: 53589	Town Usuage Acity Stoughton	/5/20_11 (Month) (Day) (Year)	Email Phone
3. A Cythia IC Bown-Legler	alishe ful	Street: WIGOT MAYENSEN ROLL City: \$100 KUNG Zip:53521	Town Symbol City By Colling.	17/18/2011 (Month) (Day) (Year)	Email Phone
"Pamela Bisch"	Panela Breh	Street: 812 Charles Ct City Oregon, W1 zip:53575	Town Village Cre gon	12/18/2011 (Month) (Day) (Year)	Email Phone
nois Wubben	Lain Wulker	Street: 376 STerling DA City: Oregon DI Zip: 53575	Town Village Onegon	12 /18/20 (Month) (Day) (Year)	Phone (
Travis Winder	1-01	Street: 2 to County Land MM City: Fitchburg, WI zip: 53575	Town City Ore50	1 /8 /20 17 (Month) (Day) (Year)	Email Phone
Joanne Lien	Goame Lien	City: Brooklyn, WIZip: S3521	Town City Brooklyn		Phone (
8. Kelly Patel	Harry Ratel	Street: 820 So Perry Pkny City: Oregon zip: 53576	Town Village OY Coon	/ 8/2013 (Month) (Day) (Year)	Email Phone
Joyce M. Williams	Leges m, Frellion	Street: 186 Cedar Drive City: OREGON Zip: 53575	Town Prvillage ORCGON	/ /8/20 <u>4</u> (Month) (Day) (Year)	Email Phone
Doug Young	Dory Jours	Street: 1462 Hung ZuM City: Fellhburg zip: 47974	Town Village Fitchburg	/ / 4/20/2 (Month) (Day) (Year)	Phone (
Scott Work (Name of Circul	Certification (, (certificator) ained each of the signatures on this paper. I know that the	ify): I reside at 111 SACS Chrc. (Circulator's Residence – Street name an	le Vollagnot		Circula Pt

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

(Signature of Circulator)

#_____

Email

zip: 53716

Bradbury Rd

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

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MUNICIPALITY OF RESIDENCE

(Indicate Town, City, or Village)

Elkhorn

☐ Town ☐ Village

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☐ Village

City

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

SIGNATURES OF ELECTORS

PRINTED NAMES OF ELECTORS

(Month)

(Day)

(Year)

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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DATE OF SIGNING

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5.	0	Street: 225 W. Page	est	□ Town	1 /7/2012	Email
Kachel Olson	flow Ul	City: Elkhorn	zip: 5312]	Willage ELKhorn	(Month) (Day) (Year)	Phone ()
6.		Street: 212LJ. H.dde~	Trail	Town Village	i /7/20	Email
Logel Olean	Kordul D.	City: FILA.cvn	zip: 53121	Dicity Ellow	(Month) (Day) (Year)	Phone ()
7.	Manage	Street:		☐ Town ☐ Village	/ /20	Email
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LINDA WEL		tify): I reside at	Story tou dence - Street name and		of Oregon Municipality)	Circulators, please
personally circulated this recall petition and personally obta e paper with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that	the signers are electors of the jurisdiction or	district represented by the	officeholder named in this petition. I know the	hat each person signed	Phone (6

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1. Nouti	e dock	Maurie	Street: 132 Inow	Son Carlo Town Village	01/12/2012	Email	
	duck	Mundock	city: Organ Wiz	ip: 53575 City OREC	(Month) (Day) (Year)	Phone (.)
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Beth WI	rittemore		rtify): I reside at <u>5448</u> Au		va) oregon	Circula	ators , ple
/	(Name of Circu	ulator) tained each of the signatures on this paper. I know that	(Circulator's Residence the signers are electors of the jurisdiction or distriction or districti	e - Street name and Number) ict represented by the officeholder named in this	(Circulator Municipality) petition. I know that each person signed		hone

Page No (1976 15 Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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John w. Audandy	John in audenty	Street: 2110 man ST City+1925 L Green WI Zip: 52811	Town Hazel-Green	/2-/201) (Month) (Day) (Year)	Email Phone
John w. Audandy G 2. Patricia M. Disch 3. Kenneth F. Disch	amuly mue	Street: 3155 MM IN St City: HA GEL COM BEED Zip: 57811	Town XVillage City Column	/ /2 /20 <u>13</u> (Month) (Day) (Year)	Phone ()
13. Kerneth F. Disch	Censeth Folisch	Street: 2105 MAIN ST City: HAZEL GREEN ZID: 5384	Town No Village City HAZEL GIVEN	1 /2 /2012 (Month) (Day) (Year)	Phone ()
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personally circulated this recall petition and personally obtain	or) ed each of the signatures on this paper. I know that the	cto: Df Circulator fy): I reside at	1 town of Black d Number) (Circulator I e officeholder named in this petition, I know t	Earth Municipality) hat each person signed	Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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JOHN 5. ROWE	BROWE	Street: 5803 Winnequal Rd City: Monona zip:53716	O Town O Village O City O NO A	(Month) (Day) (Year)	Phone (608 2	
Anne E. Gubner 3. Christopher	anne Gubner	Street: 434 Cherry Hill Drive	O Town CITY OF Village MADISON	// //6/20// (Month) (Day) (Year)	Phone (608) S	
Christopher Chrysl	Ut 2. M	City: Mad/son zip; 537/7 Street: 6333 50 th Q ve City: Tencho zip: 53/4.		(Month) (Day) (Year)	Phone (262)	
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FPAUCES I C	Certification RUCo F1 (cont	of Circulator	-	4 D150 44		

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

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1. Mantin Gayett	Martin Luyd	Street: (OC Bruns St. City: De Forest 201 zip: 53532	Town O'lilage City Detone	//4/20/2 (Month) (Day) (Year)	Phone (COS) Z
Mantin Gayett 2. 505hud Carney	Doennon Governey	Street: 601 N. Main St. # LHW City: Fall River, wi zip: 53a32	Town Village De Forest	1 /4/20 <u>12</u> (Month) (Day) (Year)	Email Amdide Phone (608) 2
3.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
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Borta Armacan (Name of Circ.	Certification G(), (ce	n of Circulator ertify): I reside at 1620 Month Strange of Circulator's Residence - Street name and	TF Madison, La (Circulator)	1 4 5 3 7 11 Municipality)	Circulators, please

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(Signature of Circulator)

(Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commit PO Box

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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1. Timothy Whitcher	Timothy Whitcher	street: 4821 Splint 1	Zip: 53718	madison	1/13/2012 (Month) (Day) (Year)	Email Phone
CREGORY R. BECKER	Sugy Bekn	Street: 608 PARKLAND DR		age \ \Co \ . \ \	1 //3/2012 (Month) (Day) (Year)	Email Phone
John J. Policello	Siegy Becken July Holnello	Street: 1514 Parmentic	Tov	age .	(Month) (Day) (Year)	Email Phone
4.		Street:	☐ Tov ☐ Vill ☐ City	age	/ /20(Month) (Day) (Year)	Email Phone
5.		Street:	☐ Tov ☐ Vill ☐ City	age	/ /20(Month) (Day) (Year)	Email Phone
6.		Street:	☐ Tov☐ Vill☐ City	age	/ /20(Month) (Day) (Year)	Email Phone
7.		Street: City:	☐ Tov ☐ Vill ☐ City	age	/ /20(Month) (Day) (Year)	Email Phone
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10.		Street:	☐ Tov ☐ Vill ☐ City	age	/ /20(Month) (Day) (Year)	Email Phone
MATTHEW RIPERSON (Name of error personally circulated this recall petition and personally obtate paper with full knowledge of its content on the date indi	ulator)	tify): I reside at	ee – Street name and Numberict represented by the officeho am aware that falsifying this co	lder named in this petition. I know the	hat each person signed	Circulators, please i
(Month) (Day) / 20 (Year)	11800	(Signature of Circulator)		Page No. (o	Ifficial Use Only)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT I
- 1	Wendi M. StearnsPet	is Wendim Strang Poter	Street: 5 Singleton Ct City: Madison zip: 537//	Town Uvillage City Mad(SOM)	OÎ /// /20 12 (Month) (Day) (Year)	Phone (608) 204
	2. N. 21 / Range	es Wendi M Steam Peter	Street: 5 SINGLETON CT	A City / A /	©(//1/20/Z (Month) (Day) (Year)	Email Phone
	3.		City: MAD(SON Zip: W)' Street:	Town Village	/ /20	(60%) 7.0 Email Phone
	4.		City: Zip: Street:	☐ City ☐ Town ☐ Village	(Month) (Day) (Year)	Email
	5.		City: Zip:	□ City	(Month) (Day) (Year)	Phone () Email
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			Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone
-		Certification o				
I,	Wendi M. Stearns T	Defers	ify): I reside at 5 Singleton Ct (Circulator's Residence – Street name and	nd Number) (Greatath)	Mulum Municipality)	Circulators, please inclu
I pers	sonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	e officeholder named in this petition. I know the	that each nerson signed	Phone (
	$\frac{(20)}{(Month)} / \frac{13}{(Day)} / \frac{20}{(Year)}$	- Wendim.	Slean W Ofeso (Signature of Circulator)	Page No. (C	Official Use Only)	Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	Street:	□ Village	/ /20	
	City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
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	of Circulator (y): 1 reside at 1835 Winnebagy	St 211 Made	s m	Circulators,
(Name of Circulator) personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the	(Circulator's Residence – Street name and	1 Number) (Circulator N	Iunicipality)	Phone
he paper with full knowledge of its content on the date indicated opposite his or her name. I prove their respective r	esidences given! support this recall petition. I am aware that falsifying	of this certification is punishable under \$.12.1	13(3)(a), Wis. Stats.	
1 13 120 12			Grid Ule Only)	Email AP(
(Month) (Day) (Year)	(Signature of Circulator)	#		

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1. Andrew Betw	alle	Street: 1630 Marco St C City: Marson, W Zip: 53711	Town Village City M X X S OV	// /8/20 <u>(1</u> (Month) (Day) (Year)	Phone Des 3		
Nikki Martin	My malin	Street: 1710 Golden Oak Ln. City: Madisonw zip: 408371	Town Village Madis on	Month) (Day) (Year)	Martin- Phone (608)		
3. MIGUEL E. ARMACANQUI	Medgy Jama congn	City: Madison, Wisconsujip: 53711	□Town □Village ☑City Madi'sor	// /26/20 <u>//</u> (Month) (Day) (Year)	Email ed, armaca Phone (608) 2		
Fric Armacangni	Ena	Street: 4322 Critchell Terr City: Madison WI zip: 53711	□Town □Village PCity Madison	1 / 7/20 <u>12</u> (Month) (Day) (Year)	Email Phone ()		
* Colken Armacangu	Colleen armacoz	Street: 4322 Crite WILTER City: MQN-Sen zip: 537//	Town Olyschy May Son	1/7/20/2 (Month) (Day) (Year)	Phone (bos) 2		
6.	· ·	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone ()		
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9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone		
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()		
	Certification (of Circulator	. /				
Barta Amacang	υί (certi	ify): I reside at (Circulator's Residence – Street name an	Street Aut F Madis	municipality)	Circulators, please		

Phone (60)
Email

(Signature of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day)

(Year)

To the Wisconsin Government Accountability Board; We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9,10 of the Wisconsin Statutes.

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Tr c	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	CIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	1714013
	NICIPAL PRINTED NAMES OF ELECTORS JUSTIGHT	SIGNATURES OF ELECTORS MATTON	* STREET & NUMBER OR RURAL ROUTE SIGNAR Rural address must also include box or fire no.	VOTING THE MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
i	'Jacqueline Morales	Jacqueline Morolis	Street: 708 W. Scott City: Milwaukee, WI zip: 53204	O Town O Village Soity Milwautee	01/5/201A (Month) (Day) (Year)	Phone ()
	2. Jacob Nelson	Jacob Melson	Street: 413 East St. City: Fort Atkinson zip: 53538	Drown Village Ford Alkinson	1/5/2012 (Month) (Day) (Year)	Phone ()
	Jina Perham	Ting Reviews	Street: 215 5 4th St E City: Fort Atkinson 21p: 53538	Octy Fort Alkauga		Phone ()
illi	Alondra Rodnavez	Monden Ralenza	Street: 1007 w. Main st. Apt 110 Say: Watertown zip: 53094	O Town O Village A City Water town	(Month) (Day) (Year)	Phone ()
	heister Condo	Spiran Conda	Street: Street 33904 City: Zip:	Drown Svillage with the Charles	1/8/20/12 (Month) (Day) Year)	Phone ()
ov iii)	n PROBSE MARCHET	Dugenea Geabot	city: Madisans WI 2153714	Urillage Mudison	/ / / 20/2 (Month) (Day) (Year)	Phone ()
	Rebecca Probst	Reverea & Pulst	street: 101 E. Mifflin street: 101 E. Mifflin street: 101 E. Mifflin street: 53703		(Month) (Day) (Year)	Phone ()
	Alex Jarobst	00/Broket	Street 36/0 atrod au City: Madicin 21p: 53714	Town Village City makish	//6/2012 (Month) (Day) (Year)	Phone ()
 (in (i)	Bruce Noble	R-JUSC	Street: 25 Hiauatha Circle CHy: Madisonny WI ZIP: 53711	Town Village City Madison	1 /13/20 <u>12</u> (Month) (Day) (Year)	Phone ()
Ten Zigi Tiri)	10. Amy Noble 124	Ar noble	Street: 25 Havatha Circle City: Madison WI Zip: 5371/	Town Village Wadison	//3/20 <u>12</u> (Month) (Day) (Year)	Phone (z.e.,)
	A N/11	Certification of	of Circulator	Lemmeamon to Cir	lade 1.11	
	My Noble (Name of Circul	(certifications), dease include your contact in	ify): I reside at 25 How We Clock Circulator's Residence - Street name and	e My K W (Circulator M	IWWS UV W/ Iunicipality)	Circulators, please

(Month) (Day) (Signature of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each operation of the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I aware that falsifying this certification is plunishable under S.12.13(3)(a), Wis Statishis recombination.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Amber McCulley	Aruh Melully	Street: 2501 Calypsord #1 City: Madison Zip: 53704	Town Village Madison	1/18/2012 (Month) (Day) (Year)	Email Phone		
Phillip Schneide-	Phillip is Shrink	Street: 784 S. Mars St Apt A City: Fond do Lac W zip: 5493 F	Drown City Foul du Lac	////20/2 (Month) (Day) (Year)	Phone ()		
Brevden Cividsex	Branden Ludsary	Street: 105 E Gilman St Apt Bl City: Madison zip: 53703	Town Village State City Madison	[Month] (Day) (Year)	Email Phone ()		
Nancy Trayer-Hart	Telbrarah Esqual V	stront: 3974 Villa Oak Dr.	Trown Windsor City	(Month) (Day) (Year)	Phone ()		
Cherry Hill	ChurpAl	Street: 924 Clay St City: Stoughton zip:53589	Town Stoughton City	1 /11/20 <u>12</u> (Month) (Day) (Year)	Email Phone ()		
6. Gregori Kanatziji	4 Julio	Street: 623 E. Soliuso in apt & City: Madison, WI zip: 53763	Town Village PCity PCity PCOTO	(Month) (Day) (Year)	Phone ()		
Michael Bassetti	Morel Bes	Street: 2621 Fairfield Pl #2 City: Madison Wit zip: 53704	□ Town □ Village Socity Machi Son	(/ 1 / 2012 (Month) (Day) (Year)	Email Phone		
8. Nicholas Thomas	Nid Thomas	Street: 215 Silverbrown Dr. City: West Bend WI zip: 53095	Town Village West Bend	1 /11 /20 <u>12</u> (Month) (Day) (Year)	Email Phone		
Kim Moore	Kin Moore	Street: 101 We st Ridge Cir City: Cambridge W/ zip: 53503	Village Cambridg	////20/2 (Month) (Day) (Year)	Email Phone		
Tom Colwin.	Ton Colwa	Street: 605 Short St. Cition thatkinson Zip. 53538	Town Village Fort Atkinson	1 /// 20 /Z (Month) (Day) (Year)	Email Phone ()		
0 11 1	Certification (of Circulator		Cu F			
Bruce Not	, (certi	fy): I reside at 25 Heavatha	irde Lity	tt stadison	Circulators, please		

Phone Email

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this record pention. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day) (Month)

(Name of Circulator)

(Year)

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kai Waterdu	KuiWatedu	Street: W 5309 Cty. G City: Rid, WI Zip: 53960	Town Rio	/ 7/2012 (Month) (Day) (Year)	Email Phone	
2 Most Winkler	Mashin	Street: 339 Mayle Valley Dr. City: Wawson, Wi zip: 53719	Town Willage City Mad 302	(Month) (Day) /20 12	(_
"Casey Rowe	Chey Rove	Street: 507 Old Indian Tr CHy: Deforest, WI Zip: 53532	Town Willage De Facest	1 /7/2012 (Month) (Day) (Year)	Email Phone	_
Rob Lawrence	Recure	Street: 24/3 Lisa Lone City: Fitchburg Zip: 557N	Town Fitchburg) / 7/20_12 (Month) (Day) (Year)	Phone (_
Dan Rogney	D-B-	street: Madison zip: WI	Town Judge Mulism	/7/20 <u>/7</u> (Month) (Day) (Year)	Email Phone	
Jessica Mate	June Mit	Street: 506 College Ave. City: Watertown zip: 53099	Town Village Strict Water town	/ 8/20 <u>1</u> (Month) (Day) (Year)	Phone (_
Carol & Marx L	Carde a. Marke	Som So lAtt St.	Town Usale town	/8/20 <u>12</u>	Phone (_
Shawn Burrington	Ships	Street: SI4Lafayette St City: Vatertown Win: 53094	Town Village V At as t	/ 3 /20 1 (Month) (Day) (Year)	Phone (_
Danielle Seiler	Daniely Lich	Street: 121 N franklin St City: Mandison Zip: 53703	Town Village Ma d: Cox	(Month) (Day) (Year)	Email Phone	_
o. Anne Nommensen	<u> </u>	Street: 809 Roughter 1902 City: Madison, w1 zip:53714	□ Town □ Village ■ City Madisco	1/9/20 <u>12</u> (Month) (Day) (Year)	Email Phone	_
Bruce Noble (Name of Circular and American Ameri	lator)			Municipality)	Circulate	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Willie MacBray	Willip Mas Brown	Street: 2934 Todd DL City: Madis(n wt zip: 53) 3	Town Village	(Month) (Day) (Year)	Phone (008)		
Samuel mitchell	Samuel purchell	Street: 2500 FIENER #10 City: MADISON WI Zip: 53713	*Town Utillage City MadlSVN	/1 /23/2011 (Month) (Day) (Year)	Phone (609) 2.5		
Mehi Brawn St	Meli Brown TR	Street: 1305 LORKEN DR	Town Uvillage Sucity Modison	11 23/20_//_ (Month) (Day) (Year)	Phone (608) 95		
Janneen Andruss	Janneen andruss	street: 2720 mc Sivitt Rd. #101 City: madison WI zip: 53713	Town Village M MAd 150M		Phone (60%		
5.	Laune Holme	Street: 2720 MCD, VITT R& 102 City: MADISON Zip: 53713	Town Village MAdison	// /3/20 (Month) (Day) (Year)	Phone (608) 33		
6. Cheyenne Back	Chefue Bear	street: 2720 mcdivitt Rd APX39 City: Mcclison zip: 53713	Town Village Madi Sem	(Month) (Day) (Year)	Email Phone		
"Heidi Dickerson	Hee Della	Street: 1852 Fisher St #2 City: Marison Zip: (W)	Town Stillage City Town City	// 20 11 (Month) (Day) (Year)	Phone (OCC) 5		
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone		
"George Tribble	Heorgestubas	street/6 Firestone court city: Madison zip: 53717	Town Utillage City Madi Sov	// /24/20 <u> </u> (Month) (Day) (Year)	Email George CTri Phone (1008) 2		
LaTasha Wells	Tatasha wells	street: 27 obrien ct City: Madison zip: 53714	Town Village City Mady 500	12/26/2011 (Month) (Day) (Year)	Email Phone (4 08) 35		
Andrina Trib	bic Certification (of Circulator five I reside at 16 Frestone Court		^			

Circulators, please in

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

(Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respect to residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day)

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rticle XIII, Section 12 of the Wisconsin Cor	nstitution and S.9.10 of the Wisconsin Stat	utes.			PO Box
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Brian	Bim. Ble	Street: 903 Arden Lane	□ Town □ Village City	11/18/20_(1) (Month) (Day) (Year)	Email Phone
Patitass 12	m R	City: Madison, WJ Zip: 537/1	Madison	(World) (Day) (Year)	Email ()
"Munica In. Batitsas	AMONICO COLUZOS	Street: 401 Avalen Lane City: Madison Zip: 53711	Town Utillage City City Make 1500	1/ /13/20_1/ (Month) (Day) (Year)	Phone
3. Terrence K	9.	Street: 925 Arden Ln	□ Town	12/18/2011	Email
So	de	City: Madson zip: 537/1	City Mage Mac 2160n	(Month) (Day) (Year)	Phone ()
Christians	Paul	Street: 929 Arden Lane	☐ Town ☐ Village	12 /15/20/11	Email Phone
Christianon	Mullen	city: Madison Zip: 537/1	Mc 2150 n	(Month) (Day) (Year)	Email ()
5.		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
6.		City: Zip:	La City	(Month) (Day) (Year)	Email ()
0.		Street:	☐ Town ☐ Village	/ /20	Phone
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7.		Street:	□ Town □ Village	/ /20	Phone
		City: Zip:	□ City	(Month) (Day) (Year)	()
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		City: Zip:	□ City	(Month) (Day) (Year)	Phone ()
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		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
Kristin Scheffler	Certification	of Circulator ify): I reside at 908 Arden Lave #	(ity of K	y	
(Name of Circul	(cer)	(Circulator's Residence - Street rame of	d Number) (Circulator	Municipality)	Circulators, please in

Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

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(Day)

(Month)

(Year)

(Signature of Circulator)

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Circulators, please

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO B Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTA Rural address must also include box or fire no. (Indicate Town, City, or Village) Email ☐ Town □ Village Phone City City Email ☐ Town ☐ Village City Phone □ Town Nel □ Village Phone City Email □ Town /20_ Street: ☐ Village Phone ☐ City (Month) (Day) (Year) Zip: City: Email 5. □ Town 20 □ Village Phone ☐ City (Month) (Day) City: Zip: Email ☐ Town Street: □ Village Phone ☐ City (Month) (Day) (Year) Zip: City: Email 7. ☐ Town /20_ ☐ Village Phone ☐ City (Month) (Day) (Year) City: Zip: Email □ Town ☐ Village Phone ☐ City (Month) (Day) City: Zip: Email ☐ Town 20 □ Village Phone ☐ City Email Phone

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Ι, .	Claire Lovell-Lepak	on of Circulator (certify): I reside at	709 Toke	zy Blud Ci	ty of Madison
I p	(Name of Circulator) ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know e paper with full knowledge of its content on the date indicated opposite his other name. I know their respe	that the signers are electors of	rculator's Residence — Street nam the jurisdiction or district represented b t this recall petition. I am aware that fa	by the officeholder named in this	hable under S.12.13(3)(a), Wis. Stats.
-	$\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20 \cdot 12}{\text{(Year)}}$	(Signature of Circula	tor)		Pase NO Official se Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return] Committ PO Box

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	VENTION THE DESCRIPTION OF PRINTED NAMES OF ELECTORS OF GREET OF SIGNATURES OF ELECTORS (4.4) THE PRINTED NAMES OF ELECTORS (4.4)	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT					
	1. Jantha Doant Junta	Street: 18 Krystana Way City: Madis an Zip: 53711	Town Stillage City MCLLINSCOP	12/17/2012 (Month) (Day) (Year)	Phone ()					
	2. Mitchel Epochadt 3	Street: 101 Shopad To-	□ Town □ Village □ City Maksan	12 /17/201/ (Month) (Day) (Year)	Email Phone					
	3. Daviel Sikora Mindelly I	Street: 3033 Maple Vallag Dr 304 City: Madan Zip: 537-19	Town Willage Modison	/2 //9 /20// (Month) (Day) (Year)	Email Phone					
u iilis ity	4. PON KazdA Vonald Kayler	Street: 325 Pharie Wy Slan Apt 301 City: Verwa Zip: 53593	□ Town □ Village □ City ✓ Verore	12/1/2011 (Month) (Day) (Year)	Email Phone					
	5. Patrick Lythe Var Z	Street: 608 Hamlets Circle City: Verona WI Zip: 53593	Town Sillage Facity Verong		Phone ()					
uu iliu ity	" Renice Bowshi Penice Convigi	Street: 3/4 Wncoln 5+ City: Jenona W1 zip:53593	Town Village City Of New A 1999	/2 /27/20// (Month) (Day) (Year)	Phone ()					
/sur	DIRK-R. HOUTHOM Out Bytchig	Street 623 N/21 CHUPHUWHTOSH Zip: 53276	Town Village LWAUWATOSA	// / / 2d 2 (Month) (Day) (Year)	Phone ()					
	8. PATRICIA HOUTKAMP talien Hareka	n Street: 1623 N. 12157 City: WALWATOFA WF ## 53220	☐ Town ☐ Village	/ /7 /20 12 (Month) (Day) (Year)	Phone ()					
	9. Homb	Street: ### ### ### ### #### ###############	☐ Town ☐ Village ☐ City	/_/20	Phone ()					
ine ini Fy	10. / /20 Graif Graif Charter Charter	Street: The Check to City: Volunteer Zip:	□ Town □ Village □ City	/ /20	Phone ()					
	Certificati	on of Circulator								

(Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulator Street name and Number) (Circulator Municipality) Circulator's the paper with full knowledge of its content on the date indicated opposite his or her name. Lichow their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wise Stats are re-(Month)

Circulators, please in Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC			
1. Print: Anthony Endres Sign: anthony Endre	street: 1220 S. Perry PKWY City: Oregon zip: 53575	□ Town Village □ City (Municipality Name)		Email Phone			
2. Print: DAVID NACHKEINEN Sign Down Nochemin	Street: 509 MEANVERWOUD RD. City: O'REGON Zip: 53575	Ø∓own □ Village □ City RUTUANO (Municipality Name)	11 20 20 1 (Month) (Day) (Year)	Phone ()			
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()			
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5. Print:	City: Zip: Street: , Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone ()			
I personally circulated this recall petition and personally of	Certification of Circulator (certify): I reside at 509 Me candle William Rd D (Circulator's Residence – Street Name and Number of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or	rs of the jurisdiction or district represented by the	officeholder	Circulators, Please include your contact Phone () Email			
/3 /20 /3	2 Orace Abilities	Page No Cofficie Us	Only)	Email			

(Signature of Circulator)

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Circulators, please

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Holly Parker	Holly Parker	street: 335 Glacier Ridge Tr. city: Verong zip: 53593	Town Verona		Phone (108) 8			
Pam Swan	P. Swan Tom Whi	Street: 330 Military Ridge Dr City: Verona Zip: 53593	Town Uvillage City Velona	/2 /// 20// (Month) (Day) (Year)	Phone (65)			
Pam Swan 3. Tom Wilson 4.	Van Whi	Street: 520 Enferprise Dr City: Verong WI zip: 53593	□ Town □ Village **City** Verance	O /11 /20 <u>17</u> (Month) (Day) (Year)	Phone ()			
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) (Year)	Email Phone			
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7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone			
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone			
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		City:	Zip:	City	(Month) (Day) (Year)
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Vorothy Ka		(certify): I reside at	450 Jenna	Dr City of	Verona, W
sonally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know		rs of the jurisdiction or district represented by	the officeholder named in this petition. I	
aper with full knowledge of its content on the date ind	icated opposite his or her name. I know their respe	ective residences given. I su	apport this recall petition. I am aware that fals	ifying this certification is punishable unde	er S.12.13(3)(a), Wis. Stats.
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	sonally circulated this recall petition and personally ob aper with full knowledge of its content on the date ind	Certification (Name of Circulator) sonally circulated this recall petition and personally obtained each of the signatures on this paper. I know aper with full knowledge of its content on the date indicated opposite his or her name. I know their respection (1) (20)	Certification of Circulator (Name of Circulator) sonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are elector approximately app	Certification of Circulator (Name of Circulator) (Name of Circulator) (Name of Circulator) (Circulator's Residence – Street name sonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by aper with full knowledge of its content of the full knowledge of its content of the full knowledge of its content or her name. I know that the signers are electors of the jurisdic	City: Zip: City: Zip: Town Village City

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Gary Everwgham	Sour Ever Don	Street: 722 PLNEYDR City: MANISON WI Zip: 537	Town Village City MANUSON	/2 //8/2011 (Month) (Day) (Year)	Emai Phone
2.		Street: City: Zip: OJ /	Town Village City	/ /20	Emai
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Emai
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7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Emai Phone
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0.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email

V(Circulator Municipality) (Name of Circulator) (Circulator's Residence - Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

Circulators,

Phone

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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Amy J. Goedert a	Signatures of ELECTORS Fanish J. Hoose Imp & Doedert	STREET & NUMBER OR RU Rural address must also include Street: 354 Breckenria City: Verona Street: Y2 Park Han City: Madison Street: City: Street: City: Street: City:	e box or fire no. dge Road zip: 53593 ights Cowt zip: 537(1) zip: Zip:	MUNICIPALITY OF RI (Indicate Town, City, o Town Village Town Village Town Village Town Village City Town Village City Town Village City Town Village City Town Village City	12/19/20/11 (Month) (Day) (Year) 01/13/2012
Daniel J. Haase &	Eniel J. Hoose Imy & Doedert	Street: City: Street: City:	Zip: Zip:	☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Uvillage ☐ City ☐ Town ☐ Village	(Month) (Day) (Year) O///3/2012 (Month) (Day) (Year) ///20 (Month) (Day) (Year)
Amy S. Goedert a	my f Doedert	Street: City: Street: City:	Zip: Zip:	☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Uvillage ☐ City ☐ Town ☐ Village	(Month) (Day) (Year) // 20 (Month) (Day) // 20 (Month) (Day) (Year)
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William L. Newhouse	Certification		-		

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		l i		Certificati	on of (Circulate	or				
Willia	em Li	Newhouse	_		(certify):	I reside at	1029 Tamas	ack Way		Verona, WI	
		(Name of Circulate	or)	,		•		dence – S tre et name d	and Number)	(Circulator M	unicipality)
personally circulated t	this recall petition	n and personally obtaine	ed each of the signatures	on this paper. I know	that the si	gners are elec	tors of the jurisdiction o	district represented by	the officeholder nam	ed in this petition. I know that	t each person signed
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	JTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	1
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
WANDA KNAUTZ	Standarmand	City: Uerona Wis zip: 53593	Town Village VERONA	///30/20// (Month) (Day) (Year)	Email Phone
Direw Marty	Solen Mady	Street: 413 6Th fre City: New Glans With: 53574	Town Men String City Clary	11 /3c/ 20 <u>11</u> (Month) (Day) (Year)	Email Phone
Catherine Miller	Colles EMille	Street: 7228 Pine Row City: Versina WT 21p: 53593	Krown Veronc Utilage City	12/18/2011 (Month) (Day) (Year)	Email Phone
Amy M. Schnit	July Jelus	Street: 407 SIEVIERSON ST Chy: HOLLANDALE, WI ZIP: 53544	Town Hollandale	. 12/19/20 <u>11</u> (Month) (Day) (Year)	Email Phone
• [] 4 []		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
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1, 194h	N MIN	, (certify): I reside at	<u> </u>	Time Kow	Town of	VERONA
	(Name of Circulator)		(Circulator's Residenc	e - Street name and Number)	(Circulator Municipa	ılity)
I personally circulated this reca	all petition and personally obtained e	ach of the signatures on this paper. I know that the signers are elec	ctors of the jurisdiction or distr	ict represented by the officeholder nan	ned in this petition. I know that each p	erson signed
the paper with full knowledge	of its content on the date indicated of	pposite his or her name. I know their respective residences given. I	I support this legall petition. I	am aware that falsifying this certificati	on is punishable under S.12.13(3)(a),	Wis. Stats.
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01-02		(Signature of	(imulator)		Page No Official Use	Only) i
(Month) ((Day) (Year)	(Oignature of	Circulator)		0000	
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Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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arda M. Ell	0000	Street: 5328 PINE ROAD	XITown □ Village □ City 10	12/14/20// (Month) (Day) (Year)	Emai
al and Mana	1.11 m.	Street: 211 PARKUIEN Zip: 535,25 City: VERONA Zip: 53593	Derry Town Village City VELOWA	12/15/20/1 (Month) (Day) (Year)	Email
TOWN TOWN	Clared or win	City: VERONA zip: 53593 Street:	UZLONA □ Town □ Village □ City	/ /20(Month) (Day) (Year)	Emai
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, CAROLY A) FISH	ir		, (certify): I reside at	13 PARKULEW	ha	VERONA,	WI
	(No	ame of Circulator)				- Street name and Number)	(Circulator I	Aunicipality)
personally circulated th	nis recall petition and	personally obtained e	ach of the signatures on this paper.	know that the signers are elector	of the jurisdiction or distric	represented by the officeholder	named in this petition. I know th	aat each person signed
he paper with full know	ledge of its content o	n the date indicated of	pposite his or her name. I know thei	r respective residences given. I su	pport this recall petition. I an	aware that falsifying this certific	cation is punishable under S.12.	13(3)(a), Wis. Stats.
	13	120 12	Carolyn	Fisher			PRENING S	ff Cal Use Only)
(Month)	(Day)	(Year)	,	(Signature of Cir	culator)		υμυσο	<u> </u>
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Month)

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						PO B Madi
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1. Heath Ugaretz	Hindt thank	street: 1788 Bringold Dr City: Vevona WI zip: 53593	Oxrown Oxrown Cale	12 /// /20// (Month) (Day) (Year)	Email Phone)
Rom Lazarescu	Han have	Street: W2864 Conway Trail City: Belleville, WI zip: 53508	ATown Village Cxeter	12/16/20_11 (Month) (Day) (Year)	Email	
3.	A Julia	Street: 1496 Fritz ROAD	Town Village City Montros	/ /5/20/2 (Month) (Day) (Year)	Email	
4. Richard Bartelme	in a Bestony	Street: 7/3 Hemlock Dr.	☐ Town ☐ Village	/5/20/2 (Month) (Day) (Year)	Email	
Anaela Rohan	draela Pokon	street: 1299 Westminster Way	Town Village 200	O/ 00/2012 (Month) (Day) (Year)	Email Phone	<u> </u>
6. John Jenkhs	Dinor	Street: 1715 BLUE RIDGE TR	Town Village City WAWAKE	0 / 26/2017 (Month) (Day) (Year)	Email	
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8. TOMA SINDADO	Friagades	Street: 208 POUVLIEW (g.	Town Village City V	/U/2012 (Month) (Day) (Year)	Email	
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(Name of Circu	ulator)	city: Zip: of Circulator rtify): I reside at Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the e residences given. I support this recall petition. I am aware that falsifyi	e officeholder named in this petition. I know th	that each person signed		lators, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
arry Kotwitz	Lary Folial	Street: 77/8 N. Tocoho TKA; 1 City: Edgettow Zip:53534	B-Town □ Village □ City Fultow	///20/20_// (Month) (Day) (Year)	Email Phone
arry Kotwitz	Gloria Woodman	Street: A 90 Darfield ave. City: Evansville zip: 53536	□ Town □ Village □ City Evanswelle	// 24/20 <u>//</u> (Month) (Day) (Year)	Email Phone
rene Martinson	Glove Woodman Steen Frantisson	Street: 470 Gurfield and City: Evanswill 21p:53536	UTown Village ACity EVUNSVILLE	11/24/2011	Email
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
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	TOFFICE	Please	Certificatio	n of Circulator	Matterhorn	ne /	itu of 1/21-010
·, _	Oe Tre	(Name of Circulator)	man,	certify): I reside at 406	lator's Residence – Street name	W.	Ity of Verona
pe	rsonally circulated this recall petition	n and personally obtained each	of the signatures on this paper. I know t	hat the signers are electors of the	urisdiction or district represented by	the officeholder named in	/(Circulator Municipality) his petition. I know that each person signed
he j	paper with full knowledge of its con	•	site his or her name. I know their respect		//.		unishable under S.12.13(3)(a), Wis. Stats.
_	<u> </u>	/ <u>20 / Z</u>		Signature of Circulator)	melman		Page No. (Official Use Only)
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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNIC	CIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Mary S. Kotwitz	Grany Statura	Street: / / 8 / V. /OCONO / I/A/	Township Village Fu Hon	11/15/2011	Emai Phon
BETTY L. Johnson	Betty Lahnson		Town Village	11/15/2011	Emai Phone
harles H. Cottan	OR CH Cottanh	Street: JUST L. ROI WILL 18	Town Village Varesville	///15/20// (Month) (Day) (Year)	Emai Phon
Vathan Woodman	Natom Wooding	Street Januarille W. J. City: 15 Z 5 S. Ellis 12 zip: 53548	Town Village Plymonth	// // /2011 -	Emai Phon
Bruce Woodman	Brue Woodman	street: 2413 Sherwood Drive City: Janesville Wis. zip: 5:3545	Town Village Danes une	1 / 19/20/1 (Month) (Day) (Year)	Emai Phone
Kelly Schmeker	Kuffester	street: 6047 under RD. City: Fitchburg zip: 53593	Town ovillage Fitchburg	11/19/2011	Emai Phon
(shley woodnes	Johney	1 DOW Oil	Town Vullage Vuona	111/19/2011	Emai Phon
ERNEST ALCEN	Truff 2	Street: 302 PRAIRIE HTS #102 City: VERONA Zip: 53593	Town Village Village	// //9/20 <u>//</u> (Month) (Day) (Year)	Emai Phon
Craig Hendricks	Chi	Street: 400 Matterhorn City: Verona Zip: 53593?	Town Village Ve -2 na	1/ /9 /20 <u>1(</u> (Month) (Day) (Year)	Emai Phon
ixel Woodman	and Woods	Street: 406 Materhary Dr. City: 1/180na Zip: 53593	□ Town □ Village □ City VEYON 0	11/21/2011	Émai Phon
TCC DI	Certification		AUID (1)	14 (1/2)	
Vettvey T. V (Name of Circu		ify): I reside at (Circulator's Residence – Street name and	Number) (Circulated)	<u>V OT VRF</u> OH 4 Municipality)	e C

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month)

(Year)

(Signature of Circulator)

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1. William Welliver	atthe XUI de	street: 9822 Talons Way	□ Town □ Village	1/11/2012	Email	
William Eveliver	OV UNAMY Y VULLETTE	City: Madison zip: 53593	Nudison Mudison	(Month) (Day) (Year)	Phone ()
2. Chad Friebry	Olul ba	Street: 6871 Sunset Or	☑Town □ Village	1 /1/20/2	Email	
7,100	Tun July	Chy: Verona zip: 53593	City Verona	(Month) (Day) (Year)	Phone (Email)
3. ALIDREN HAFFNER	1/1/1/	Street: 555 HARVEST	☐ Town ☐ Village	i /11/20/Z	Phone	
7 (32-33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City: Verona zip: 53593	☑ City Verinh	(Month) (Day) (Year)	Phone (Email	
Kan Vike	11/1/1/20	Street: 30) Valley View St.	□ Town □ Village	1/11/2012		
4	Man of VIII	city: Veccor zip: 53973	Deity Verona	(Month) (Day) (Year)	Phone ()
5. Valle 2001 20 Maria		Street: 945 Walnut St.	□ Town □ Village	1/1/20/2	Email	
Katherinekronn	Kattuu Mehn	City: Verona WI zip. #53543	ecity Verona	(Month) (Day) (Year)	Thone ()
6.		Street: 502 54h ST	Town Village	1 /11/2012	Email	
SMy Zimmerma	n Stay Zmineinen	City: Meneral Birst zip: 53565	*City Muneral Point	(Month) (Day) (Year)	Phone ()
7.	1-2/ MATH	Street: 7462 Rolling Meadow Rd	Town Uvillage	1/13/2012	Email	
Harold Mattison	Tare What son	city: Versua zip: 53593	[City	(Month) (Day) (Year)	Phone ()
8.	1	Street: 5 J. Harvest lane	Town Village Veron	1/13/20/2	Email	
lance laylor	house toy?	City: Verent zip: 525-93	City VIVOX	(Month) (Day) (Year)	Phone ()
9.	11/11	Street: 6299 Quail Ct	Town □ Village	1/13/2012	Email	
John Georgeson	1 Ship	City: Osegon zip: 5357	City Oregon	(Month) (Day) (Year)	Phone ()
10. Dl. 1. 1/ Ta	TA 2 11/1	Street: 938 FriTz Road	E Town □ Village	01/13/20/2	Email	
MILLIP M. JOHNA	ph thilly H	City: Belleville 21053508		(Month) (Day) (Year)	Phone (6	508 4
	Certification	of Circulator				
Tu A Bonnis	V \	375.	al Nad	11/20		
(Name of Circul	, (ifý): I reside at (Circulator's Residence – Street name and	<u> </u>	Municipality)		ators , pleas
		the signers are electors of the jurisdiction or district represented by the			Pł	Phone /

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
FARRES HARRISOM	Larrel Harrison	Street 843 CHESHIRE CRITIC WAY City: VEROIS A WIS Zip. 53593	□Town □Village City VEROUR	//q/20 <u>12</u> (Month) (Day) (Year)	Phone (
DONALD D. STEPHEN	Donal D. Starters	Street: 815 JEWNACT.	Town Village City	/ /9 /20/1 (Month) (Day) (Year)	Phone
Jon Baldock	Con Baldvil	street: 6394 Grandulew Rd City: Verona WI zip: 53593	Town Village City Verona	1 /9/2012 (Month) (Day) (Year)	Email Phone
William Peliedan	Williang. Wester	Street: 2548 RULIE (53573) Calps: VOYONU W/ Zip: 18573	Ortown O Village City Uddleby	//9/20/2 (Month) (Day) (Year)	Email Phone
Barbara A. Weidanz	Barbara a. Weidan	Street: 3578 Richierd, Chy: Verona Zap: 53593	M Town □ Village □ City Middleton	1 / 9 / 20/2 (Month) (Day) (Year)	Email Phone
Rebecca Graveen	Robecca Graven	Street: 3169 Silverton Trl. City: Madison zip: 53719	Brity Madison	1 / 9/20 <u>12</u> (Month) (Day) (Year)	Phone (
John T. Schmidt	alt Solit	Street: 102 Stone Ridge Ct. City: Verona zip: 53593	Town Ovillage Verona	1/9/20 <u>12</u> (Month) (Day) (Year)	Email Phone
Mark D. Cooper	Mark D. looper	Street: 326 Ridge View Trail City: Verona zip: 53593	□Town □Village StCity Verana	(Month) (Day) (Year)	Email Phone
JAY M. BONNELL	An Bennell	Street: 6 ZOO KNOLLWOOD DR. City: OREGON Zip: 53575	Matown □ Village □ City □ City □ REG-ON	///0/20/2 (Month) (Day) (Year)	Phone (
Jay M. BONNELL Karma J. Dippel	Jamag. Dippel	Street: 506 10th Ave. City: New Glanus zip: 53574	Town Village Clarus)/16/2012 (Month) (Day) (Year)	Email Phone
	Certification	1			
JIN A Bemys	, (cert	ify): I reside at 37 Singlin ar	Chi Na	dison	Circulators

Active by January 10 SCOTT WALKER RECA

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 2 Madison. PRINTED NAMES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTACT Rural address must also include box or fire no. (Indicate Town, City, or Village) Email ☐ Town **■** Village Phone Email WARREN A. PLATZ KCity VERONA Phone Email Town ☐ Village Phone ☐ City Email Phone Email Phone ☐ City zip: 53719 Email 1 lonroe Phone Email Phone City: Monticello WI Zin: 53570 Email Street 1327 Felland St □ Town 1/10/2012 ☐ Village BethPutner Stoughton Phone city: Stoughton WI zip: 53589 Email □ Town Street: 1157 PINEHURST DR ☐ Village DANIEL PUM Phone City VERDNA Email □ Town Village M Phone **Certification of Circulator** Circulators, please in (Circulator's Residence - Street name and Number)

(Month)

(Day)

(Signature of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

the paper with full knowledge of its content on the date indicated opposite his or her parts. I know their respective residences given. L support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis, Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		Madison,
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT
1. P. J. AJC 41.	204	Street: 29 Pilqrim Circle	Town Village City M2D/SOA	///3/20_/2 (Month) (Day) (Year)	Email Phone	
Paul McAleavy		City: Madison w zip.53711			Email) ,
Figartha Hollensen	9hm Astron	Street: 231 W SUVERS ST City: Bellowille W zip: 53508	Town Village Belleville	(Month) (Day) (Year)	Phone	<u> </u>
3.		Street: 932 Autumn Wood LN.	☐ Town	1 /12/2012	Email	
Brian D. Behm	1999	City: Oresow zip: 53575	City Ofeson	/ /3/20 <u>12</u> (Month) (Day) (Year)	Phone ()
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JIN A Bemis		ify): I reside at 37 Sim kin Cir	Cus M	adi son.	Cina.I.	
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rsonally circulated this recall petition and personally obt paper with full knowledge of its content on the date indi-	ained each of the signatures on this paper. I know that to cated opposite his or her name. I know their respective	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	ing this certification is punishable under S.12.	13(3)(a), Wis. Stats.	En	nail-

ard: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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		Committee PO Box 2 Madison,
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las Calla	a sh	Street: 7846 W. Old Seek K	A Village City	// 20 // (Month) (Day) (Year)	Phone ()
a cruca (Sed)	Carrier aldo	Street: 7846 W. OH Sauk R.	D Strown of Middleton O'City	// /29/20// (Month) (Day) (Year)	Phone ()
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REGORY K. PAVER	Certification	certify): I reside at 3062 PATTY LANE (Circulator's Residence – Street nat	CITY OF MIDDLETON	w/S	Circulato Pho

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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rticle XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin S	tatutes.	The state of the s	TO DE LIOTED	Madiso
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1. Eleisha Jones	Elashafones	Street: 7313 Century Ave	- Vinage	(Month) (Day) (Year)	Phone (68)55
2.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20	Phone ()
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Lawrence (Name of Cirersonally circulated this recall petition and personally	Jehr rculator)	on of Circulator (certify): I reside at 3110 N and N and (Circulator's Residence Street that the signers are electors of the jurisdiction or district representive residences given. I support this recall petition. I am away	esented by the officeholder named in this petition. I kno	or Municipality) w that each person signed	Circulators, please Phone (6)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committe PO Box 2 Madison

Phone

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						TVIAG1501
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1. LINDA L SIE	Linda L. Sies	Street: 511 KARU AUE	□ Town □ Village □ City i0	12/29/20_11 (Month) (Day) (Year)	Email Phone	
2.		Street: W4499 Cty Hwy W	City Belleville	12/29/2011	Email	
Karisa Hust	Laure Hurst	City: New Glanes Zip: 53574	OCity EXCHER	(Month) (Day) (Year)	Phone (Email	
3. Robert , Richel	Robert, Richel	Street: 6732 HENRY Rd. Chy. BEILVILLE, Wi Zip. 53508	I Town □ Village □ City MCW+ROSE	(Month) (Day) (Year)	Phone ()
4. Cynthia A. Van Bogger	and should	Street: N855) Freidig Rd	ETown Utillage City BROOKLYN	1 / 9/20 12 (Month) (Day) (Year)	Email Phone	
melder Muhalk	Meddy Dulball	Street: W5254 HIBNAND drive	Town Olly Olly	01/9/2012	Email Phone	
INCIUNA MUNICIA	MCM HIVI GII	City NEW Starus WI Zip. 53574	City 11 CO CITO 7	(Month) (Day) (Year)	Email)
CHRIS SHAMBROOK	ASIA.	Street: 232 PIERCE ST City: MONTICEILO, WI ZID: 53570	B-Village City MONTICEIN	(Month) (Day) (Year)	Phone ()
Nadine leisberg	Madu Deisberg	Street: 6/2 ZNd St. City: New Glarus zip: 53574	Town Dilage Dew Glarus	//9/20/20 (Month) (Day) (Year)	Phone	
8.		Street: 67 Zod ST	□ Town	1/9/2012	Email	
JOHN A. TEISBERG	Salash	CHY: NEW GLARUS ZIP: S3574	City New GALARUS	(Month) (Day) (Year)	Phone (Email)
Dean Netteshein	Den Hettesten	Street: 8257 Ridge Dr. City: Be/leville zip53508	Town Village Primros (//3/20/2 (Month) (Day) (Year)	Phone ()
10.		Street: W5107 Cty. Rd. W	Town Village	1 /13/2012	Email Phone	
The Linopoulos	Aus Lenghelas	Chy: Now Glaves 21p: 53514	City New Glaves	(Month) (Day) (Year))
Phil Franse	Phil Fransen Certification of Circulator (certify): I reside at N9581 Carla dr. Exeter					

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Certification of Circulator Corculator	gned ts.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

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1. Michelle Derke	improhilem Deva	street: 2190 Compassiplantistud city: Sin Prairie zip: 53590	Town Village SUN PRAIRIE	11 /19/20 7/ (Month) (Day) (Year)	(608) 71 ₆
Chee Khang	Charkhomy	Street: 311 Pepper Ave City: Wis Rapids Zip: 54494	Town Village Wis Rapids	\\ \/\ \/\ \/\ \/\ \/\ \/\ \/\ \/\ \\ \\	115, 4
3. Vickie Brown	Vickie Brown	Street: 919 Chicory Ways City: Swn Praine zip: 53590		///9/20// (Month) (Day) (Year)	(608) 5
Lisa Krugner-Higby	Ling Krugmi High	Street: 6869 Frenchtonn Rd. City: Belleville zip: 53508	Atown Village Montrose	// // 9/20 <u>//</u> (Month) (Day) (Year)	Phone (608) 4.
5. Debby Kahl	about told	Street: 930 10 Jue City: New Glands 25,53574	Town Village City New Glatus	// /9/20// (Month) (Day) (Year)	Phone ()
DAUTO METGHAN	David Ment	Street: 2028 17th AVE. City: MONROE W±5 zip: 53566	O O Town ONROE	(Month) (Day) (Year)	(608) 55
7. Joseph Frencin	Postr.	Street: 1423 Prairie 122. City: Madison zip: 53711	Town Village Madisan	(Month) (Day) (Year)	Phone (Cob) Go
Linda S. Hanefeld	Linkettemplel	Street: E8013 CTH City: N. Freedom 21p: 53951	Otown Honey Sauk Co	12/1/2011 (Month) (Day) (Year)	Phone (LOP) 54
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RUTH E.			TOWN OF Montr (Circulator M	0 S E Municipality)	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
7 Dordow WILSON	Hordon Welson	Street 6221 PUTNAM RD CHYMADISON WT. ZIP:53711	Town Utilage MCity MAd1566	// // /20// (Month) (Day) (Year)	Email WilsonGe Phone
Zarolina Wilson	aroline Wilson	Street: 6221 Putnam Rd City: Madison WI zip: 53711	Town Utilage Mail Son	11/17/2011 (Month) (Day) (Year)	Phone () Email
tusha Clark	Susha Clark	Street: 2844 HWY MM City: Fitchburg Zip: W153711		(Month) (Day) (Year)	Phone ()
Kathy Buechel	Kathy Buechel	Street: 19625 82nd St. City: Brīstol zip: 53104	□ Town Br?5+ol Ullage □ City	M /2V/20 <u>V</u> (Month) (Day) (Year)	Phone ()
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t ta Hagaman	Certification	n of Circulator entify): I reside at 7518 Co Huy A	montros	CD	
alvin W. Hageman (Name of Circular ally circulated this recall petition and personally obtains with full knowledge of its content on the date indicated the second	diamed annualty his on her name. I know their respective	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the veresidences given. I support this recall petition. I am aware that falsify (Signature of Circulator)	and Number) (Circulator I the officeholder named in this petition. I know t fying this certification is punishable under S.12.	r Municipality) w that each person signed	Phone (Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison	
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" EMILY LOVE	EMP	Street: 607 2nd Str City: New Gravus zip: 5,3574		12/3/2011 (Month) (Day) (Year)	Email Phone () Email
2. Janis Hoesly	401 10	Street: 119411) (FU Pd O City: Kelken 11e V 21p 53508	Nown Now Oliginal City Glade	12 3/20 11 (Month) (Day) (Year)	Phone ()
3. Jennifer Heisz	leve Hin	street: Sto13 N Eagle Rd City: Evansille zip: 53536	Drown Village Evansiile	Z /3 /2011 (Month) (Day) (Year)	Phone ()
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Megan Epp (Name of Circ.	, (cer	of Circulator 6373 Atify): I reside at Hwy A Belleville 538 (Circulator's Residence - Street name ar	Town of Mov and Number) (Circulator	Municipality)	Circulators, please in

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(Day) (Month)

(Year)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Month)

(Day)

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THE MUNICIPALITY USED FOR MAILING	FOR PURPOSES, WHEN DIFFERENT THAN MUNICIPALT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MOT	CIPALITI OF RESIDENCE MOST AEWATO	DD 1100:	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Matt Yealney	malley	Street: G Atanosi Ct, City: Madison zip: 53719	Town Wadison	/ 9/20	Phone GOS, 8
Mary Bubenzer	Moulonger	Street: 105 Sherwood Rd City: Madison zip53711	Town Village Made So	11 /19 /2011 (Month) (Day) (Year)	Email bubenzer (Phone (608) 49
3. Fatsick MCN_1/7	Put Willy	street: 300 S. Fruklin St city: Stoughton W1 zip: 53589	Town Village Stouhton	11 /19/2011 (Month) (Day) (Year)	Phone ()
Trudi Fahey	Judi & rokey	street: 364 Remy Rd City: Bellev, 1/e 1/21p: 53508	From Village Montrose	// /2d/20 <u>/1</u> (Month) (Day) (Year)	Phone ()
5.	0	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone () Email
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Kusti mille	Certification , (cert		Rd Gleter)	Circulators, please

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(Circulator Municipality)

(Circulator's Residence - Street name and Number)

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article XIII, Section 12 of the Wisconsin Cor	enstitution and S.9.10 of the Wisconsin Statu	ites.			PO Box
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1. PAMELA- WHITE NORTHEY	Substantial Southey	Street: 1706 WICKLOW WAY City: MADISON WI zip: 53711	Town Village WADISON	1 /3/20 <u>12</u> (Month) (Day) (Year)	Email MacHow Phone (008) 35
WHITE NORTHEY 2. LAUREEN A.M. HASELEY	Laure aMHres	Street: 1921 Droper St City: Baraboo Zip: 53913	Town Village Barabor	//3/2012 (Month) (Day) (Year)	Phone ()
3 Sinda Alston	hine XXX to.	Ca): Madison Block 5349	Town Village Wallson	//3/2012 (Month) (Day) (Year)	Email Phone ()
Jeffrey P Kanls	Jells PKS	Street: 1/12 SAUSH/ito Drive City: WAMAKER Zip: 53597	Town Svillage City City Town Reprint Ker	//3/20 <u>12</u> (Month) (Day) (Year)	Phone ()
5. Matthew C Pollock	Hatthen Cfollock	Street: 1814 Chadbourne Ave. City: Madison zip: 53726	□ Town □ Village ☑ City	/13/2012 (Month) (Day) (Year)	Phone ()
Sei Chou	Ler	Street: 38 Bishops Hill Cir. City: Madison WZ zip: 53717	Town Village Madison	//3/20/2 (Month) (Day) (Year)	Email Phone
Chin-chuang chon	Chi-if down	Street: 38 Bishops Hill CirCity: Madison WI zip: 53717	Town Madison	//3/20/2 (Month) (Day) (Year)	Email Phone ()
8. Haden Acker	Har Lahur	Street: 7208 Century Place City: Middleton Zip: 53567	Town Willage Middleton	1 / 13/2012 (Month) (Day) (Year)	Email Phone ()
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